



ATTENTION PARENTS/GUARDIANS OF MINOR STUDENTS

Guidelines for Permission to Leave Campus

If you would like to give permission for your child, who is 16 or 17 years of age to leave campus with an adult or relative other than you the legal guardian, please follow these guidelines.

Guidelines

1. *All REQUESTS must be made no later than Friday by 4 p.m.*
2. Please submit your request Monday-Friday, between 8 a.m. and 4 p.m. at least **24 hours** in advance of the requested day/time *by calling or emailing* Lesa Donati at **412-392-3456** or lguzzo@pointpark.edu. If you email, she will **call you back within regular business hours** in order to confirm your request.
3. *NO REQUESTS will be authorized if they are submitted on Saturday or Sunday.* Please have your child plan ahead. Absolutely no last minute requests or those made outside of the hours listed above can be authorized. The office is closed on Saturdays and Sundays so it is impossible to fulfill requests over the weekend.
 - Complete the form provided (see back).
 - Scan and email, mail or fax it to the dance office granting permission in writing.
 - No other form will be accepted.

Checking-Out

- The adult picking up the resident student must check out in the presence of one of our Resident Moms (Resident Adviser) at the security desk stationed in the lobby of the student's suite/building.
- The adult, who must be at least 24 years of age or older, must provide a photo ID.
- All students leaving campus with an adult must check back into the building by the 10 p.m. curfew.
- No overnight sleep overs will be granted unless it is with the student's own parent/legal guardian.

Note: Students cannot leave campus with anyone under 24



**Resident Minor Consent to Leave Campus with Temporary Guardian
Parents of Minors Living On Campus**

(Guardian Must Be Age 24 or Older Regardless of Relationship)

Participant Information (PRINT):

Name of Minor: _____ Age _____

Temporary Guardian Information: (As appearing on a valid driver’s license or other appropriate form of identification)

Name of Temporary Guardian: _____ Birth date: _____

Relationship of Temporary Guardian to Participant: _____

Address of Temporary Guardian: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

I, _____, am the parent/legal guardian identified on the “Conditions of Participation Agreement”.

I consent for participant/Minor named above to leave with a Temporary Guardian named, _____

around _____ a.m./p.m. on (day) _____, on (date) _____

and to return around _____ a.m./p.m. on (date) _____. While in the

custody of Temporary Guardian, Participant will be physically located at the following address (if more than one address, indicated dates

and time for each address: _____

My phone number is: _____. I am available to speak on the following dates and times:

I ASSUME AND ACCEPT ALL RISKS arising out of, associated with, or related to Minor being released by the University to the above-identified Temporary Guardian, or an individual purporting to be the above-identified Temporary Guardian, even though such risks may be or may have been caused by the negligence of the University.

I REMISE, RELEASE AND FOREVER DISCHARGE the University its principals, directors, officers, agents, employees, members and volunteers, from all liability, actions, causes of action, suits, judgments, claims and demands and waive any claim for damage arising from Minor being released by the University to the above-identified Temporary Guardian, or an individual purporting to be the above-identified Temporary Guardian even though such liability, actions, causes of action, suits, judgments, claims and demands that may have been caused by the negligence of the University and/or its principals, directors, officers, agents employees and volunteers.

I certify that I am the parent or legal guardian of the Participant and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

Relationship to Minor

Minor’s Name, Printed Clearly

Signature of Parent/Guardian

Parent/Guardian’s Name, Printed Clearly & Date